## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10673/22

|   |  |   | SMALL ENTITY TYPE |                               |                              | OTHER<br>SMALL I |       |                     |                          |       |                       |                        |
|---|--|---|-------------------|-------------------------------|------------------------------|------------------|-------|---------------------|--------------------------|-------|-----------------------|------------------------|
| TOTAL CLAIMS  |  |   | 12                |                               |                              |                  |       | RATE                | FEE                      |       | RATE                  | FEE                    |
| FOR   |  |   | NUMBER FILED      |                               | NUMBER EXTRA                 |                  |       | BASIC FEE           | 375.00                   | OR    | BASIC FEE             | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 12 minus 20=      |                               | . 0                          |                  |       | X\$ 9=              |                          | OR    | X\$18=                |                        |
| INDEPENDENT CLAIMS  |  |   | 3 mir             | nus 3 =                       | 0                            |                  |       | X42=                |                          | OR    | X84=                  |                        |
| MU  | LTIPLE DEPEN   | DENT CLAIM PF                             | RESENT            |                               |                              |                  |       | +140=               | 7                        | OR    | +280=                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2            |  |   |                   |                               |                              | 1                | TOTAL |                     | OR                       | TOTAL | 70                    |                        |
| 1.  | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |   |                   |                               |                              |                  | L     | SMALL               | ENTITY                   | OR    | OTHER<br>SMALL        |                        |
| AMENDMENT A   | ,  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE   |       | RATE                  | ADDI-<br>TIONAL<br>FEE |
|   | Total  | <u>* 18</u>                               | Minus             | ** 2                          | 0                            |                  |       | X\$ 9=              |                          | OR    | X\$18=                |                        |
|   | Independent  | * 4<br>NTATION OF MI                      | Minus ·           | *** .(                        | <i>f</i>                     | = -              |       | X42=                |                          | OR    | X84=                  |                        |
|   | FINST PRESE  | NIAHON OF MI                              | JETIPLE DEP       | ·                             | COAINI                       |                  | ı     | +140=               |                          | OR    | +280=                 |                        |
|   |  |   |                   |                               |                              |                  |       | TOTAL<br>ADDIT, FEE |                          | OR    | TOTAL<br>ADDIT, FEE   | ·                      |
|   | <u> </u>   | (Column 1)                                |                   | · (Colu                       | mn 2)                        | (Column 3)       |       | ,                   |                          |       |                       |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>• FEE |       | RATE                  | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus             | **                            |                              | =                |       | X\$ 9=              |                          | OR    | X\$18=                |                        |
|   | Independent  | * NTATION OF MI                           | Minus             | ***                           | T () 4144                    | =                |       | X42≖                |                          | OR    | X84=                  |                        |
| _   | FIRST PRESE  |   | JUIPLE DEF        | PENDEN                        | CLAIM                        |                  | J     | +140=               |                          | OR    | +280=                 |                        |
|   |  |   |                   |                               |                              |                  |       | TOTAL<br>ADDIT, FEE |                          | OR    | TOTAL<br>ADDIT, FEE   |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                   |                               |                              |                  |       |                     |                          |       |                       |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | PREVI                         | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |       | RATE                | ADDI-<br>TIONAL<br>FEE   |       | RATE                  | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus             | **                            |                              | =                |       | X\$ 9=              |                          | OR    | X\$18=                |                        |
|   | Independent  | *   | Minus             | ***                           |                              | =                | 4     | X42≖                |                          | OR    | X84=                  |                        |
| L   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM               |   |                   |                               |                              |                  |       | +140=               |                          |       | +280=                 |                        |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |                   |                               |                              |                  |       |                     |                          |       |                       |                        |
|   | If the "Highest Nu   | umber Previously F<br>niber Previously Pa | aid For" IN TH    | IS SPACE                      | is less tha                  | an 3, enter "3." |       | ADDIT. FEE          | propriate bo             | •     | ADDIT. FEE<br>sumn 1. |                        |